

| AMENDMENT TRANSMITTAL LETTER | | | Docket No. 09496/000M861-US0 | |
|---|------------------------------|------------------------|---------------------------------|--|
| Application No. 10/623,178-Conf. #2675 | Filing Date July 18, 2003 | Examiner L. R. Deak | Art Unit 3761 | |

Applicant(s): Yoshihiro Mori et al.

Invention: HEMATOCRIT SENSOR

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

| CLAIMS AS AMENDED | | | | | |
|--|---|---|-----------------------------------|----------|------|
| | Claims Remaining After Amendment | Highest Number Previously Paid | Number Extra Claims Present | Rate | |
| Total Claims | 19 | - 20 = | 0 | x 50.00 | 0.00 |
| Independent Claims | 3 | - 3 = | 0 | x 200.00 | 0.00 |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | |
| Other fee (please specify): | | | | | |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: | | | | | 0.00 |

☒ Large Entity

☐ Small Entity

☒ No additional fee is required for this amendment.

☐ Please charge Deposit Account No. _____ in the amount of \$ _____.
A duplicate copy of this sheet is enclosed.

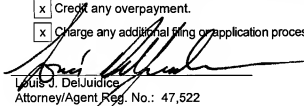
☐ A check in the amount of \$ _____ to cover the filing fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director is hereby authorized to charge and credit Deposit Account No. 04-0100
as described below. A duplicate copy of this sheet is enclosed.

☒ Credit any overpayment.

☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.


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Dated: August 20, 2007

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